



Text-to-Speech and Read Aloud Decision Guidelines 2015-2016

Documentation of Possible Need for (select one) ☐ Text-to-Speech or ☐ Read Aloud Accommodations for ELA Reading Passages for Students with Disabilities in Grades 3-8. **Submit electronically or Fax completed document to 860-713-7018.**

Student has: <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan Student Name: _____ SASID: _____ District: _____ School: _____ Grade: _____ Date: _____ <i>Responses in shaded boxes may indicate a need for the text-to-speech or read aloud accommodation. A preponderance of evidence should exist rather than one or two marks in shaded boxes for the accommodation to be provided to a student in Grades 3-8 for ELA reading passages.</i>			
Question*	Assurance- For students with an IEP, evidence found on:	Yes	No
1a. Is this student blind or does this student have a significant visual impairment? • 1b. If the student is blind or has a significant visual impairment, is the student learning to read braille?	<ul style="list-style-type: none"> • Page 1: COVER PAGE WITH DISABILITY CATEGORY • Pages 4 & 5: PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE • Page 10: SPECIAL FACTORS, PROGRESS REPORTING, EXIT CRITERIA 		
2. Does this student have an identified reading-based disability that affects the student's decoding, fluency, or comprehension skills?	<ul style="list-style-type: none"> • Pages 4 & 5: PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE • Page 7: GOAL & OBJECTIVES 		
3. Does the student's disability impact the student's ability to access the curriculum?	<ul style="list-style-type: none"> • Pages 4 & 5: PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE • Page 7: GOAL & OBJECTIVES 		
4. Have interventions been used to improve the student's decoding, fluency, or comprehension skills?	<ul style="list-style-type: none"> • Pages 4 & 5: PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE • Page 7: GOAL & OBJECTIVES 		
5. Does the student use text-to-speech, assistive technology software, audio books or receive a read aloud accommodation during instruction?	<ul style="list-style-type: none"> • Page 8: PROGRAM ACCOMMODATIONS AND MODIFICATIONS • Page 11: SPECIAL EDUCATION, RELATED SERVICES, AND REGULAR EDUCATION 		
6. Does the student belong to Bookshare (or similar organization) or use identified accessible educational materials (AEM) from Determining the Need for Accessible Educational Materials (AEM) and Acquiring AEM from the Appropriate Sources flowchart .	<ul style="list-style-type: none"> • Page 8: PROGRAM ACCOMMODATIONS AND MODIFICATIONS • Page 11: SPECIAL EDUCATION, RELATED SERVICES, AND REGULAR EDUCATION 		
7. Does the student use text-to-speech or receive a read aloud accommodation during Smarter Balanced assessments or other class or districtwide assessments?	<ul style="list-style-type: none"> • Page 8: PROGRAM ACCOMMODATIONS AND MODIFICATIONS • Page 9: STATE AND DISTRICT TESTING AND ACCOMMODATIONS 		
8. Does someone (teacher, paraprofessional, another student, parent) regularly read aloud to the student in school as an instructional accommodation?	<ul style="list-style-type: none"> • Page 8: PROGRAM ACCOMMODATIONS AND MODIFICATIONS 		
Student Input:		Yes	No
9. Does the student indicate that given the choice, he or she would prefer to read tests to himself or herself?	<i>Evidence on IEP Pages 1,2,4,6 and student offered to attend PPT</i>		

By the submission of this form we acknowledge that this student qualifies to receive the Smarter Balanced Assessments accommodation of Text-to-Speech or Read Aloud of ELA Reading Passages.

Teacher Name _____
Print

Special Education Director Name _____
Print

District Test Coordinator Name _____
Print